

INDIVIDUALIZED EDUCATIONAL PROGRAM SECTION I

NAME:	ID:	GRADE:	IEP MEETING DATE:
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STUDENT INFORMATION	
Name:	Student ID:
SSN:	Date of Birth:
Grade for this IEP:	Medicaid Number:
Primary disability:	Gender:
Other disabling conditions:	
Percent of time student spends in regular education environment: <input type="checkbox"/> 80-100% <input type="checkbox"/> 40-79% <input type="checkbox"/> 0-39%	
Date of IEP meeting:	School Year:
Type of IEP:	<input type="checkbox"/> Excluding Summer Months
IEP initiation date:	Anticipated date of annual review:
Last Eval/Review Date:	IEP ending date:
Anticipated date of reevaluation review:	
PARENT/GUARDIAN INFORMATION	
Parent/Guardian Name:	Address:
Phone:	
Language:	
TRANSITION	
Transition service needs must be discussed for students age fourteen and older during the effective dates of the IEP. Transition services will be discussed for younger students if the parent(s) or the IEP team determines it is appropriate. <input type="radio"/> Yes – transition service needs will be discussed during this IEP. <input type="radio"/> NA - student is not of transition age.	
Student Interests and Preferences:	
SC Career Cluster:	
For students age fourteen and older during the effective dates of the IEP, transition service needs, focusing on the courses of study and including linkage to post secondary goals, are as follows:	
For students age sixteen and older during the effective dates of the IEP, transition services include objectives in the areas of: ___ instruction ___ community experience ___related services ___ employment/other post school living objectives	
Age of Majority: For students age seventeen and older during the effective dates of the IEP, the IEP team verifies that the student has been informed of all rights under the IDEA, and the parents have been notified that the rights will be transferred to the student at age eighteen but that the parents will continue to receive required parental notices. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
Diploma/Certificate	
<input type="checkbox"/> Regular State high school diploma (exit exam) Anticipated Date of Graduation: _____ <input type="checkbox"/> State certificate	<input type="checkbox"/> District certificate <input type="checkbox"/> District Diploma <input type="checkbox"/> Not applicable for grades K–8

INDIVIDUALIZED EDUCATION PROGRAM

SECTION II

ACADEMIC AND FUNCTIONAL STRENGTHS AND NEEDS			
Describe the academic and functional strengths and needs of the student and how the disability affects involvement and progress in the general curriculum or, for preschool children, involvement in appropriate activities. Test scores alone are insufficient:			
FUNCTIONAL BEHAVIOR			
Does the student's behavior warrant a Functional Behavioral Assessment? <input type="radio"/> Yes <input type="radio"/> No			
<i>If yes, include findings of FBA in the Present Levels of Functional Performance.</i>			
PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE			
For any areas where special education is needed for the student to progress in the general curriculum, indicate specific present levels of performance to use in the development of the goal.			
ACADEMIC ACHIEVEMENT			
Area(s) of Assessment	Date(s)	Method(s) of Assessment*	Findings

FUNCTIONAL PERFORMANCE			
Area(s) of Assessment	Date(s)	Method(s) of Assessment*	Findings

*Indicate name of test, observation/checklist, or other method of assessment.

INDIVIDUALIZED EDUCATION PROGRAM**SECTION III****ACCOMMODATIONS TO THE GENERAL CURRICULUM**

Based on the student's disability, describe accommodations (supplementary aids) needed to participate and progress in the general curriculum:

MODIFICATIONS TO THE GENERAL CURRICULUM

Does the student's level of performance require program modifications to the general curriculum? ☐ Yes ☐ No
If yes, describe the content areas and modifications required.

SUPPLEMENTARY SERVICES

Describe specific supplementary services and training of personnel needed for participation in the general curriculum, and indicate the anticipated frequency and location:

Service	Location	Frequency

INDIVIDUALIZED EDUCATION PLAN

SECTION IV

IEP GOALS AND OBJECTIVES	
GOAL: ____ OF ____ 	
<input type="checkbox"/> Instructional/Special Education <input type="checkbox"/> Transition <input type="checkbox"/> Related Service	
Location of Services:	
SHORT-TERM OBJECTIVE/BENCHMARKS	
Objective: Criteria for Mastery: Evaluation Method:	
Objective: Criteria for Mastery: Evaluation Method:	
GOAL: ____ OF ____ 	
<input type="checkbox"/> Instructional/Special Education <input type="checkbox"/> Transition <input type="checkbox"/> Related Service	
Location of Services:	
Objective: Criteria for Mastery: Evaluation Method:	
Objective: Criteria for Mastery: Evaluation Method:	
GOAL: ____ OF ____ 	
<input type="checkbox"/> Instructional/Special Education <input type="checkbox"/> Transition <input type="checkbox"/> Related Service	
Location of Services:	
SHORT-TERM OBJECTIVE/BENCHMARKS	
Objective: Criteria for Mastery: Evaluation Method:	
Objective: Criteria for Mastery: Evaluation Method:	

INDIVIDUALIZED EDUCATION PLAN

SECTION V

SPECIAL EDUCATION SERVICES					
Describe special education services to be provided for this student <i>(must be based on peer reviewed research)</i>					
Area(s) of Service	Direct/ Indirect	Describe Instructional Delivery	Location	Frequency	
Specify amount of minutes per week student receives special education services <i>(actual service minutes, regardless of setting)</i>: Direct: _____ Indirect: _____					
RELATED SERVICES					
Goals, objectives, and levels of performance are required for all related services other than routine or maintenance types, which require descriptions of the service. If an instructional activity is involved, however, goals, objectives, and levels of performance are required					
Are related services required for this student to benefit from special education? <input type="radio"/> Yes <input type="radio"/> No If yes, specify and state frequency and location for each:					
Area of Service	Related Service	Direct/ Indirect	Location	Frequency	Description

SECTION VI

PARTICIPATION IN STATEWIDE TESTING					
Based on this student's present levels of performance and on his or her goals and objectives, the student will participate in the following statewide and/or district-wide testing. Accommodations and modifications must reflect those used in daily classroom instruction:					
Test		Participation			Conditions ¹
HSAP		Yes	No	NA²	<input type="radio"/> Standard, no accommodations <input type="radio"/> Standard, with accommodations <input type="radio"/> Non-standard, with modifications
Section/Sub-test		Accommodations/Modifications			
<input type="checkbox"/> English language arts:					
<input type="checkbox"/> Mathematics:					
HSAP- Alt		Yes	No	NA³	
PACT		Yes	No	NA	<input type="radio"/> Standard, no accommodations <input type="radio"/> Standard, with accommodations <input type="radio"/> Non-standard, with modifications
Section/Sub-test		Accommodations/Modifications			
<input type="checkbox"/> English language arts (ELA):					
<input type="checkbox"/> Mathematics:					
<input type="checkbox"/> Social studies:					
<input type="checkbox"/> Science:					
PACT-Alternate⁴		Yes	No	NA	
SCRA		Yes	No	NA	
SCRA - Alt		Yes	No	NA	
End-of-Course Tests		Yes	No	NA	<input type="radio"/> Standard, no accommodations <input type="radio"/> Standard, with accommodations <input type="radio"/> Non-standard, with modifications
		Accommodations/Modifications			
<input type="checkbox"/> Algebra 1/Mathematics for the Technologies 2					
<input type="checkbox"/> Biology 1/Applied Biology 2					
<input type="checkbox"/> English 1					
<input type="checkbox"/> Physical Science					
English Language Development Assessment (ELDA):		Yes	No	NA⁵	<input type="radio"/> Standard, no accommodations <input type="radio"/> Standard, with accommodations

- ☐ Algebra 1/Mathematics for the Technologies 2
- ☐ Biology 1/Applied Biology 2
- ☐ English 1
- ☐ Physical Science

PARTICIPATION IN DISTRICT TESTING				
District Assessment	Yes	No	NA	<p>If yes, specify title:</p> <p>If the student is not participating in standard district assessment, state reason and specify alternate assessment used:</p>
Accommodations/Modifications				
NORM-REFERENCED TESTS/FIELD TESTS				
<p>Norm-referenced tests (NRT) and field tests are administered to a sample of students each year. If the student is included in that sample but will not participate in the NRT or a field test, explain why the NRT or a field test is not appropriate for him or her:</p>				

INDIVIDUALIZED EDUCATION PLAN SECTION VII

PHYSICAL EDUCATION	
<input type="checkbox"/> Regular <input type="checkbox"/> Adaptive (Describe modifications below.) <input type="checkbox"/> Specially designed (Include goals and objectives.)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Requirements met
Modifications needed: 	
CAREER AND TECHNOLOGICAL EDUCATION	
<input type="checkbox"/> Regular <input type="checkbox"/> Adaptive (Describe modifications below.)	<input type="checkbox"/> Specially Designed Instruction (include goals and objectives) <input type="checkbox"/> Not applicable
Modifications needed: 	
DISCIPLINE	
<p>The student will follow rules and policies as outlined in the school's student handbook. ○ Yes ○ No</p> <p>Explain adaptations to be made:</p> 	
ACADEMIC PLANS FOR STUDENTS	
<p>Grades 3 – 8 only: if the student requires an APS, will the IEP serve as the Academic Plan for the student? ○ Yes ○ No ○ NA</p>	
REPORTING TO PARENTS	
<p>How and when will the student's progress toward annual goals be reported to the parent?</p> 	
PROMOTION/RETENTION	
<p>Are alternative promotion/retention standards required? ○ Yes ○ No</p> <p style="padding-left: 40px;">If yes, describe:</p> 	

INDIVIDUALIZED EDUCATION PLAN SECTION VIII

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT	
Assistive Technology Services/Devices Does the student require assistive technology devices and services	<input type="radio"/> Yes, concern addressed in the IEP <input type="radio"/> No, not a concern
Behavior In the case of a student whose behavior impedes his/her learning or that of others, do strategies and supports, including positive behavioral interventions, address that behavior?	<input type="radio"/> Yes, concern addressed in the IEP <input type="radio"/> No, not a concern
Braille (Blind/Visually Impaired only) Does a student who is blind or visually impaired require Braille as determined by the IEP team after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille)? If not a concern, justify: <Braille Documentation>	<input type="radio"/> Yes, concern addressed in the IEP <input type="radio"/> No, not a concern
Communication Needs: Have the communication needs of the student been considered? And, in the case of a student who is deaf or hard of hearing, has the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's age and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode been considered?	<input type="radio"/> Yes, concern addressed in the IEP <input type="radio"/> No, not a concern
Evaluation: Were the results of the most recent evaluations been considered?	<input type="radio"/> Yes <input type="radio"/> No
Were the results of the student's performance on any general statewide or district wide assessment been considered?	<input type="radio"/> Yes <input type="radio"/> No
Limited English Proficiency In the case of a student with limited English proficiency, were the student's language needs as they relate to the student's IEP considered.	<input type="radio"/> Yes, concern addressed in the IEP <input type="radio"/> No, not a concern
Strengths/Concerns Were the strengths of the student and the concerns of the parent(s) for enhancing the child's education considered?	<input type="radio"/> Yes <input type="radio"/> No
Extended School Year Were the student's needs for extended school year services considered?	<input type="radio"/> Yes, concern addressed in the IEP. <i>(See attached ESY Student Eligibility Review form)</i> <input type="radio"/> No, ESY determination deferred until: _____
Based on the results of the ESY Eligibility Review, is the student eligible for extended school year services?	<input type="radio"/> Yes <i>(See attached Extended School Year Addendum form)</i> <input type="radio"/> No

INDIVIDUALIZED EDUCATION PLAN

SECTION IX

LEAST RESTRICTIVE ENVIRONMENT (LRE)			
PLACEMENT SETTING			
Explain the extent if any which the student WILL NOT participate with non-exceptional students in the regular class and/or in extracurricular and other non-academic activities. Present levels of educational performance must explain why full participation is not possible in the areas checked.			
School Age (6 – 21) <input type="checkbox"/> English Language Arts <input type="checkbox"/> Language <input type="checkbox"/> Listening/Speaking <input type="checkbox"/> Spelling <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Study Skills <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	<input type="checkbox"/> Art <input type="checkbox"/> Foreign Language <input type="checkbox"/> Health <input type="checkbox"/> Physical Education <input type="checkbox"/> Electives (as listed below)	Preschool <input type="checkbox"/> Cognitive <input type="checkbox"/> Communications <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Self-Help <input type="checkbox"/> Social/Emotional/Affective Development	Other <input type="checkbox"/> Assemblies <input type="checkbox"/> Home room <input type="checkbox"/> Meals <input type="checkbox"/> Recess <input type="checkbox"/> Extra-curricular <input type="checkbox"/> Other (as listed below)
Amount of time in Regular Education Environment (hours/periods): Amount of time in Special Education Environment (hours/periods):			
PLACEMENT OPTIONS			
Ages 6 – 21 <input type="radio"/> (A) Special Education Outside Regular Class Less Than 21% Of Day <input type="radio"/> (B) Special Education Outside Regular Class At Least 21% Of Day And No More Than 60% Of Day <input type="radio"/> (C) Special Education Outside Regular Class More Than 60% Of Day <input type="radio"/> (D1) Public Separate School <input type="radio"/> (D2) Private Separate School <input type="radio"/> (E1) Public Residential Facility <input type="radio"/> (E2) Private Residential Facility <input type="radio"/> (F) Homebound/Hospital <input type="radio"/> Medical Homebound <input type="radio"/> Hospital <input type="radio"/> Home-based <input type="radio"/> (G) Correctional Facilities <input type="radio"/> (H) Parentally Placed in Private School		Ages 3-5 <input type="radio"/> (A) Early Childhood Setting <input type="radio"/> (B) Early Childhood Special Education Class <input type="radio"/> (C) Part-Time Early Childhood/Part-Time Early Childhood Special Education Setting <input type="radio"/> (D) Reverse Mainstreaming <input type="radio"/> (E) Separate School <input type="radio"/> (F) Residential Facility <input type="radio"/> (G) Itinerant Service Outside The Home <input type="radio"/> (H) Home	
LEAST RESTRICTIVE ENVIRONMENT CONSIDERATIONS			
<input type="radio"/> Yes <input type="radio"/> No	The school the student would normally attend, if not exceptional, was considered.		
<input type="radio"/> Yes <input type="radio"/> No	Only schools and classroom settings that are appropriate to the student's chronological age were considered.		
<input type="radio"/> Yes <input type="radio"/> No	Education in a regular classroom with the use of supplementary aids and services were considered.		
<input type="radio"/> Yes <input type="radio"/> No	The potentially harmful effects on the exceptional student and the quality of the student's services which might result from particular educational environments/placements were considered.		
<input type="radio"/> Yes <input type="radio"/> No	Integration with age-appropriate non-exceptional peers was considered.		

INDIVIDUALIZED EDUCATION PLAN

SECTION X

TEAM MEMBERS

The individuals listed below, including the parents, guardian or adult student, have attended the IEP/LRE meeting and participated as equal members in the development of this IEP:

Signature	Position	Date

PARENT STATEMENT

I have read or have had explained to me the IEP team documents, and I understand that I will receive a copy of these documents.

_____ Signature of parent/legal guardian/surrogate parent/adult student	_____ Date
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